MAR 24 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5221

File No.

Registered No. 156

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield (No. St. John's Hospital St. Ward)

2. FULL NAME Martha Bennette Hamilton

(a) Residence. No. St., Ward. Marshfield Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Singer

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1925

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
5	11	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marshfield
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER D. A. Hamilton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshfield
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Bennette Shanks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pettis Co. Mo.

14. INFORMANT David A. Hamilton
(Address) Marshfield, Mo.

15. FILED 2-26, 1931 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1931, to Feb. 25, 1931 that I last saw her alive on Feb. 25, 1931, and that death occurred, on the date stated above, at 5-30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

1078

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Scarlet Fever

(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home, Route 1, Marshfield, Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 25, 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Tracheotomy

(Signed) C. R. Macdonnell, M. D.

Feb. 25, 1931 (Address) Marshfield, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marshfield

DATE OF BURIAL: 2/26 1931

20. UNDERTAKER: A. J. McMahan

ADDRESS: Marshfield

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.